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CONFIRMATION NO. 2531

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|---|---|-----------------------------------|--|---|
| SERIAL NUMBER 09/669,833 | FILING OR 371(c) DATE 09/26/2000 RULE | CLASS 424 | GROUP ART UNIT 1645 | ATTORNEY DOCKET NO. MSU 4.1-528 |
| APPLICANTS Linda S. Mansfield, Bath, MI; Mary G. Rossano, Mason, MI; Alice J. Murphy, St. Johns, MI; Ruth A. Vrable, Williamston, MI; | | | | |
| ** CONTINUING DATA ***** This application is a DIV of 09/513,086 02/24/2000 which claims benefit of 60/152,193 09/02/1999 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/20/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged | | STATE OR COUNTRY MI | SHEETS DRAWING | TOTAL CLAIMS 7 |
| Examiner's Signature _____ Initials _____ | | | | INDEPENDENT CLAIMS 2 |
| ADDRESS 21036 | | | | |
| TITLE VACCINE TO CONTROL EQUINE PROTOZOAL MYELOENCEPHALITIS IN HORSES | | | | |
| FILING FEE RECEIVED 950 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |